

CVC – Termisti

Seventh Terminology Seminar in Brussels  
Septième Séminaire de Terminologie de Bruxelles  
Zevende Terminologieseminarie in Brussel

“Health-threatening misunderstanding: Medical terminology in patient-centred communication and how interpreters, translators and mediators deal with terminology in multilingual health care communication.”

Programme and abstracts

Vrije Universiteit Brussel  
Campus Etterbeek  
Building Q – Auditorium B  
25 April 2014

Organising committee:

- Centrum voor Vaktaal en Communicatie (Vrije Universiteit Brussel): *Antoon Cox, Koen Kerremans, Martine Mallefroy, Rita Temmerman*
- Termisti (Haute École de Bruxelles): *Nathalie Lemaire, Paul Muraille, Marc Van Campenhoudt, Ward Van de Velde*

Programme:

9.00 - 9.30	Registration
9.30 - 9.40	Introduction by Rita Temmerman and Marc Van Campenhoudt
9.40 - 10.20	Keynote lecture by Maribel Tercedor Sánchez (Universidad de Granada): <i>Reaching medical "understandings" in intercultural and interlinguistic settings</i>
10.20 - 10.30	<i>Questions and discussion with keynote speaker</i>
10.30 - 11.00	Valérie Delavigne (Université Paris 3): <i>Le terme en culture: parler du cancer</i>
11.00 - 11.30	Matilde Nisbeth Jensen and Antoinette Fage-Butler (Aarhus University – School of Business and Social Science): <i>A patient-centred approach to medical terminology in written health communication: Examining the evidence and considering the consequences</i>
11.30 - 12.00	Jan Snacken (Vrije Universiteit Brussel): <i>Het "Koulchi Syndroom" "I have pain everywhere" "J'ai mal partout"</i>
12.00 - 12.15	<i>Questions and discussion with speakers</i>
12.15 - 13.30	Lunch
13.30 - 14.00	Barbara Schouten (Universiteit van Amsterdam): <i>Interpreter-mediated communication in health care: what do informal interpreters want, feel and do?</i>
14.00 - 14.30	Elisabeth Navarro (Université Paris Diderot): <i>Linguistique et terminologie de la médiation interculturelle et multilingue dans le contexte médical français.</i>
14.30 - 15.00	Demi Krystallidou (Universiteit Gent): <i>Views + Participation + Multimodality = An alternative take on the study of terminology in interpreter-mediated consultations</i>
15.00 - 15.15	<i>Questions and discussion with speakers</i>
15.15 - 15.30	Coffee break
15.30 - 15.50	Cornelia Wermuth, Marc Lamote, Rita Temmerman and student MA Translation (KULeuven campus Antwerpen & Vrije Universiteit Brussel): <i>Adjectives and scales: the importance of terminological fine-tuning in psychiatric reports for officials.</i>
15.50 - 16.10	Sofie Van de Geuchte en Leona Van Vaerenbergh (Universiteit Antwerpen): <i>Language mediation in health care</i>
16.10 - 16.30	Ward Van de Velde and Marc Van Campenhoudt (Haute École de Bruxelles): <i>La base de données terminologique Babeliris : une modélisation sociale dans le respect des normes ISO</i>
16.30 - 16.50	Antoon Cox & students MA interpreting VUB (Vrije Universiteit Brussel): <i>What if the diagnosis was tongue-tied? Ad hoc interpreting at the Emergency Department (Babeliris project)</i>
16.50 - 17.10	<i>Questions and discussion with speakers</i>
17.10 - 17.20	Conclusion
17.20 - 18.00	Farewell drink

## REACHING MEDICAL “UNDERSTANDINGS” IN INTERCULTURAL AND INTERLINGUISTIC SETTINGS

MARIBEL TERCEDOR

Communication between health care providers and the general public is a relevant field of study in translation, interpreting and terminology. Language and cultural barriers should be overcome to guarantee full and equal access to health. In this context, terminologists, interpreters, translators and cultural mediators play a key role in bridging communication gaps, including those that go beyond language issues. In this presentation, I will focus more extensively on the semiotic, cultural and translation aspects encountered in the provision and access to health in mainstream and minority populations. For example, audiovisual materials have been recognised to be an important means for learning languages and bridging communication obstacles. Within these, the contact between cultures and languages necessarily shapes the terminological and translational options in the creation of materials and the subsequent community translation and interpreting tasks. Additionally, terminology must deal with units used by patients, as it is through situated cognition and embodiment that concepts are lexicalised and thus, patients' experience in lexicalizing medical realities or expressing their perception of them through gestures is crucial. Ultimately, the tension between internationalization and localization of contents is a key issue determining the focus and usability of materials that aim to impact mainstream policy makers as well as other communities.

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**Maribel Tercedor** is full professor at the University of Granada where she lectures in Multimedia and Scientific and Technical Translation. Her main research interests are in the fields of lexical and cognitive aspects of translation, terminology and accessibility. She is the project director of an international cooperation action on access to health by Mayan population in Mexico and is the principal researcher of the VariMed project on terminological variation in medicine (<http://varimed.ugr.es>).

*Publications:*

- Tercedor Maribel, and López Rodríguez Clara Inés. 2012. “Access to Health in an Intercultural Setting: The Role of Corpora and Images in Grasping Term Variation.” *Linguistica Antverpiensia* 11: 153–174.
  - Prieto Velasco Juan Antonio, and Tercedor Maribel. 2014. “The embodied nature of medical concepts: image schemas and language for PAIN.” *Cognitive Processing* (online). Berlin: Springer.
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## LE TERME EN CULTURE : PARLER DU CANCER

VALÉRIE DELAVIGNE

Avec un souci d'efficacité et un impératif de prévention, les politiques de santé publique s'orientent vers des mesures dont l'enjeu proclamé est de mettre en correspondance les besoins des usagers et une offre adaptée, y associant un partage de l'information. Si le rapport des patients à l'information médicale a considérablement évolué, elle pose des problèmes langagiers qui interrogent les sciences humaines et sociales. S'y trouve questionnée notamment la difficulté de négocier le vocabulaire pour articuler connaissance profane et savoir expert, construire le sens et instaurer l'intercompréhension. Dès lors que la circulation des termes s'élargit, leur signification est sujette à des négociations nouvelles. Toute vulgarisation se dresse contre la fracture que ceux qui envisagent le terme comme seul mot capable de dire le réel et se bat pour faire sens avec des stratégies variées dont nous tenterons de rendre compte. L'efficacité est au prix d'un procès d'adaptation et d'un aménagement des signes en fonction des usages pour lutter contre le terrorisme des termes. Cependant, une dimension est oubliée : le fait que l'objectif communicationnel est bien souvent aux prises avec des enjeux identitaires et culturels. De ce cadre, comment articuler culture médicale et culture des patients?

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*Valérie Delavigne s'inscrit dans la lignée des recherches en socioterminologie. Préoccupée par une linguistique en prise sur le réel, son intérêt se porte sur les usages et la circulation sociale des terminologies et sur les formes de la vulgarisation scientifique, technique et médicale. Ses travaux menés sur des terrains variés : énergie nucléaire, santé publique, cancer, psychiatrie, s'ancrent en analyse de discours, linguistique de corpus et lexicographie ; ils visent une compréhension plus fine des pratiques discursives situées dans lesquelles les termes s'insèrent. Valérie Delavigne a accompagné pendant plusieurs années les rédacteurs de la plateforme d'information de l'Institut national du Cancer et est l'auteur du dictionnaire pour les patients en ligne. Elle actuellement maître de conférences en sciences du langage à l'université Paris III-Sorbonne nouvelle et membre du laboratoire Clesthia.*

*Publications:*

- Delavigne V., 2012, « Peut-on “traduire” les mots des experts ? Un dictionnaire pour les patients atteints de cancer », *Dictionnaires et traduction*, Frank & Timme, Berlin, p. 233-266.
  - Carretier J, Delavigne V., Fervers B., 2010 , « Du langage expert au langage patient : vers une prise en compte des préférences des patients dans la démarche informationnelle entre les professionnels de santé et les patients », *Sciences-Croisées* n°6, <http://sciences-croisees.com/N6/Carretier.pdf>  
Ces articles sont disponibles sur HAL (<http://hal.archives-ouvertes.fr/>)
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## A PATIENT-CENTRED APPROACH TO MEDICAL TERMINOLOGY IN WRITTEN HEALTH COMMUNICATION: EXAMINING THE EVIDENCE AND CONSIDERING THE CONSEQUENCES

*ANTOINETTE MARY FAGE-BUTLER & MATILDE NISBETH JENSEN*

Patient centredness is a health communication paradigm where medical professionals take their starting-point in the needs and perspectives of individual patients, including their health literacy level (Balint 1972; Fage-Butler 2013). Increased focus on patient-centred communication in contemporary healthcare has raised important questions about the role of healthcare professionals, patients, and mediators such as translators and interpreters. In our research, we argue for a dynamic, patient-centred approach to health literacy. This includes a context-sensitive approach to medical terminology, which we illustrate in relation to two research projects in written health communication.

In written health genres where the audience is the general public, it is important that medical terms which are understood by as many members of the target audience as possible are used to avoid health-threatening misunderstanding. However, this can be complicated by interlingual translation, as medical terminology differs between languages. Moreover, some non-professional translators, such as pharmacists, may not recognize medical terminology if they are hampered by their own expertise or do not have the linguistic competences to translate in a patient-centred manner (Nisbeth Jensen & Zethsen 2012; Nisbeth Jensen 2013).

Taking patient-centred communication seriously also means using complex medical terminology if that is what the patient prefers. Our research into online patient-patient communication (Fage-Butler & Nisbeth Jensen 2013, forthcoming) illustrates some e-patients' increasing comfort in using medical terms, as well as highlights the increasing complexity of the concept of a (medical) term. We conclude by discussing some implications for healthcare professionals and mediators.

### References

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**Antoinette Mary Fage-Butler** gained her PhD in Knowledge Communication from Aarhus University, Denmark, at the Department of Business Communication where she is currently assistant professor, and is a member of both the Knowledge Communication Research Group and the Health Communication Project Group. Her main research interests are within online health communication (doctor-patient and patient-patient), ethical aspects of health communication, and poststructuralist approaches to discourse and genre. In particular, discursive and pragmatic aspects of how language is used to communicate across perceived knowledge asymmetries characterise her work. She is currently writing a chapter on patient-centred communication and written/online media in the context of palliative health communication with her colleague, Matilde Nisbeth Jensen, for a book to be published by Oxford University Press.

*Publications:*

- Fage-Butler, A. (2013). Improving patient information leaflets: Developing and applying an evaluative model of patient centeredness for text. *Communication & Medicine* 10(2), 105-115.
- Fage-Butler, A. & Nisbeth Jensen, M. (2013). The interpersonal dimension of online patient forums: How patients manage informational and relational aspects in response to posted questions. *Special Issue on Health Communication in Hermes - Journal of Language and Communication*, 51, 21-38.

**Matilde Nisbeth Jensen** completed her cotutelle PhD in 2013 entitled 'Translators of Patient Information Leaflets: Translation experts or expert translators? A mixed methods study of lay-friendliness' affiliated jointly with Aarhus University, Denmark and Macquarie University, Australia. She is currently assistant professor at the Department of Business Communication, Aarhus University, where she is a member of the Research Group for Translation and Interpreting and the Health Communication Project Group. Her research interests include medical translation, computer-mediated health communication, patient-patient communication, Plain Language and expert-lay communication. She is currently writing a chapter on patient-centred communication and written/online media in the context of palliative health communication with her colleague, Antoinette Mary Fage-Butler, for a book to be published by Oxford University Press.

*Publications:*

- Fage-Butler, A. & Nisbeth Jensen, M. (2013). The interpersonal dimension of online patient forums: How patients manage informational and relational aspects in response to posted questions. *Special Issue on Health Communication in Hermes - Journal of Language and Communication*, 51, 21-38.
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*settings. V. Montalt & M. Shuttleworth (Eds.)]. Linguistica Antverpiensia New Series. Themes in Translation Studies, 11, 31-49.*

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## HET “KOULCHI SYNDROOM” “I HAVE PAIN EVERYWHERE” “J’AI MAL PARTOUT”

JAN SNACKEN

Often patients with traditional Moroccan origins start the first consultation by saying that every part of their body is painful, while patients with Central African origins start with asking a complete examination of their blood. Usually they don’t express much more about the motives of their consultation, except that they were send by another doctor.

Frequently they want me to read a bunch of medical reports and results of radiologic and biochemical investigations. Generally they are considered as “hypochondriacs” what they mostly are not.

In socio-cultural settings where the availability of “traditional healers” is much higher than the “academic trained doctors”, it ‘s logic that people behave towards health professionals in the same way as they do to “traditional healers”.

These “traditional healers” have no academic certificates on the walls of their consultation room. They have, from the very beginning of the consultation, to give evidence of their competences. Like astrologists they have to proof their “ability to see” someone’s past and present, to express answers to the unspoken questions like

- Am I a victim of “black magic”?
- Can my problems be explained through actions of supernatural creatures?
- ...

How can we cope with these inversions of “well of words” between the settings of academic trained health professionals and traditional healers?

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### **Jan Snacken:**

- *Doctor in Medicine (V.U.B. '83); Master Hospital Sciences (V.U.B. '85)*
  - *Training in Neuro-psychiatry (Univ. Hosp. Brugmann & U.Z. V.U.B. Brussels '83 - '89);*
  - *Training in Ethno-psychiatry (Prof. T. Nathan, Univ. Bobigny-Paris VIII '88 – '90)*
  - *Psychiatrist at the “Crisis Centre” Univ. Hosp. St-Pieter, Brussels ('89 – '91)*
  - *Psychiatrist “Day Hospital P. Sivadon – Brugmann” (specialised in personality disorders) ('91 – '08) with secondary activities in “Palliative Care”, “Geronto-psychiatry” & “Neurologic Revalidation” (mainly patients with aphasia after a cerebral stroke)*
  - *Councillor in “Complicated Requests for Euthanasia” (Brugmann & St-Pieter since '05)*
  - *Head of the Service of Adult Psychiatry Univ. Hosp. St-Pieter Brussels (since '08)*
  - *Lector “Clinical Psychiatry”, “Personality Disorders” & “Case Studies”, Faculty of Psychology, V.U.B. ('05 – '09)*
  - *Professor “Transcultural Psychiatry”, Faculty Law & Criminology V.U.B. (since '10)*
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- *Representing the Federal Ministers of Public Health and/or Social Affairs to the Scientific Council for Chronic Diseases (R.I.Z.I.V. / I.N.A.M.I.) (since '99)*

*Publication:*

*Snacken, J., De Munck, P., Gailly, A., Ferrant, L., Hermans, P., Foblets, M. C., & Leman, J. (1991). Thérapies interculturelles: l'interaction soignant-soigné dans un contexte multiculturel et interdisciplinaire. De Boeck université.*

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## INTERPRETER-MEDIATED COMMUNICATION IN HEALTH CARE: WHAT DO INFORMAL INTERPRETERS WANT, FEEL AND DO?

BARBARA SCHOUTEN

Many negative consequences of linguistic barriers between migrant patients and physicians have been reported in the literature, such as poor access to health care, low patient satisfaction and adherence, erroneous diagnoses and, in some cases, even fatal consequences. To bridge this linguistic gap in health care the use of informal interpreters, such as family members and acquaintances, is common practice. But how do these informal interpreters perceive and perform their tasks? In this presentation, I will discuss results of a comparative interview study among Dutch and Turkish informal interpreters (n=30), which was carried out in the context of a larger European research project on informal interpreting in health and social care. Results of this study indicate that informal interpreters' perceptions are heavily influenced by the cultural and socio-political contexts in which they perform their task. That is, differences that emerged from the data point out that interpreted events should be understood within the specific contexts in which they take place. In addition, I will present some recent observational data (n=11) gathered among Turkish-Dutch informal interpreters in family practice, to illustrate discrepancies between their self-reported perceptions and actual task performances. Transcripts of medical encounters with Turkish migrant patients and accompanying informal interpreters were coded with the Verona Coding Definition of Emotional Sequences (VR-CoDES) to investigate how informal interpreters deal with patients' verbal expressions of emotional cues and concerns during medical encounters in family practice. Preliminary results indicate major discrepancies between informal interpreters' perceptions and actual task performances in family practice.

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**Barbara Schouten** works as an assistant professor at the University of Amsterdam within the department of Communication Science. Her main research interest focuses on 'diversity of care', by means of investigating cultural differences in communication processes in healthcare. Her studies involve both national studies focusing on dyadic and triadic health encounters with migrant patients as well as international, comparative studies in various European countries, in which mixed-methods are being used to research communication processes, its antecedents (e.g. language barriers, health and illness beliefs, communication expectations) and outcomes (e.g. patient understanding and satisfaction).

For more information see:

[http://perscom.socsci.uva.nl/people\\_perscom/barbara-schouten/](http://perscom.socsci.uva.nl/people_perscom/barbara-schouten/)

### *Publications:*

- Schouten, B, Ross, J., Zendedel, R., & Meeuwesen, L. (2012). Informal interpreters in medical settings: A comparative socio-cultural study of the Netherlands and Turkey. *The Translator*, 18(2), 311-338.
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## LINGUISTIQUE ET TERMINOLOGIE DE LA MÉDIATION INTERCULTURELLE ET MULTILINGUE DANS LE CONTEXTE MÉDICAL FRANÇAIS

*ELISABETH NAVARRO*

À l'heure où l'ensemble du secteur médical vit un tournant social majeur, confronté d'une part à la baisse du personnel hospitalier et d'autre part à la hausse de la demande de prise en charge de catégories de patients en augmentation (gériatrie, accueil des étrangers, des marginaux, des victimes de tortures, traitements de troubles spécifiques aux demandeurs d'asile...) qu'il lui faut traiter de manière spécifique, c'est bien sûr dans la prise en charge de ces populations en demande que se trouvent cristallisés les nouveaux enjeux.

À la question médicale vient se greffer la question de la communication et par conséquent des problématiques linguistiques et culturelles, parfois idéologiques, associées aux modalités de prise en charge dont il faut gérer les éventuels espaces d'incompréhension.

De ces contacts et confrontations naissent des problèmes liés à la médiation que l'interprète est chargé de résoudre. Ces espaces communicationnels mettent en lumière un certain nombre de problématiques non seulement lexicales mais également terminologiques et phraséologiques. L'interprète est souvent médiateur en ce sens que les opérations linguistiques qu'il met en œuvre chargent les aspects terminologiques par des biais différents que nous nous proposons d'examiner.

Nous poserons donc la question d'une recherche terminologique différenciée dans un contexte marqué par le domaine interculturel et social. Nous nous appuierons sur les fondamentaux de la recherche en terminologie pour mettre en perspective les outils lexicaux dont disposent les interprètes-médiateurs et en déduire l'existence de nouveaux espaces qui se construisent au fil des événements dont l'objectif est ici de combler l'écart ethnosocioculturel.

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*Elisabeth Navarro est docteur en linguistique théorique et appliquée de l'université française. Ses recherches portent sur la relation entre les liens conceptuels qui se tissent entre les langues, les politiques linguistiques et les mouvements migratoires. Dans ce cadre, elle modélise les phénomènes de reconfiguration linguistique afin de réfléchir à de nouvelles politiques d'insertion et d'inclusion qui prennent en compte les aspects terminologiques et traductologiques à l'œuvre dans les événements d'interprétation médiation. Dans sa thèse, elle approfondit les relations entre interprétation et médiation qu'elle pose comme fondatrices d'un nouveau mode de traduire qui implique traduction et commentaire.*

*Elle a mis en place et est actuellement responsable pédagogique du diplôme universitaire Interprétation-médiation (DUIM) à l'université Paris Diderot-Paris 7. Elle a codirigé en 2013 l'ouvrage intitulé Interprétation-médiation, l'An 2 d'un nouveau métier et est l'auteur entre autres, d'articles traitant des problématiques traductologiques des langues en contexte migratoire. Elisabeth Navarro est également membre du CLILLAC ARP de l'université Paris Diderot- Paris 7.*

### *Publications:*

- « *Aproximación al problemático enfoque de la mediación en los actos de interpretación en los servicios públicos* », colloque international *Interpretation*

*5°, Revisiting Ethics and ideology in situation of conflicts, Université d'Alcalá de Henares, 2014.*

- « *Langues de la migration en France, paradoxe de notions complexes* », in *Minorités ethniques (XVe et XXIe siècles). La voie étroite de l'intégration*, Coll. *Langues, cultures, représentations*, Françoise Richer-Rossi (éd.), Michel Houdiard Éditeur, Paris, p. 230-245
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## VIEWS + PARTICIPATION + MULTIMODALITY = AN ALTERNATIVE TAKE ON THE STUDY OF TERMINOLOGY IN INTERPRETER-MEDIATED CONSULTATIONS

*DEMI KRYSTALLIDOU*

**Context:** A review of the relevant literature reveals that terminology-oriented research in interpreter-mediated interaction i) is mostly quantitative, ii) relies mostly if not only on (written) discourse, iii) is often situated in a monologicistic model of communication (e.g. conference interpreting) and iv) has not paid much attention to the cognitive aspect of terminology.

**Need:** Against this backdrop and bearing in mind that i) terminology is a tool that allows participants to construct precise and unambiguous meaning, ii) meaning is not static since it is constantly negotiated among participants in interaction, iii) the negotiation of meaning is conducted both by means of participants' utterances but also by means of their non-verbal interaction with each other and is shaped by participants' socio-economic and cultural background, and iv) an utterance-based transcript for the study of terminology fails to capture important aspects of participants' share in the negotiation of meaning, it becomes clear that an alternative and more comprehensive approach to terminology is required in order to address a wide range of under investigated aspects in the study of terminology in interpreter-mediated doctor-patient communication.

**Object:** In order to address the above issues I explored the following questions: 1) How is terminology negotiated in interpreter-mediated consultations by means of participants' utterances and non-verbal communication? 2) How does the interpreter's management of terminology affect the primary participants' understanding? 3) How do participants' views of interpreter-mediated interaction and of each other shape the way in which terminology is negotiated by participants?

**Method:** In order to provide a response to the above questions I studied authentic interpreter-mediated consultations along with participants' perceptions of each other and of interpreter-mediated interaction. I analysed the data by applying qualitative content analysis, aspects of multimodal analysis and existing models in the study of participation frameworks in interaction.

**Findings:** Doctors' arbitrary assumption that professional interpreters ensure the provision of accurate and patient-centred translation of the doctors' intended meaning, as well as the divergence in the interpreter's perceptions of their function on the one hand, and their participation in interaction on the other, might have a strong bearing upon the management and negotiation of terminology and its comprehension by all participants in the triad.

**Conclusion:** Terminology-oriented research in interpreter-mediated doctor-patient communication may benefit significantly from the parallel study of participants' utterances, non-verbal communication and perceptions. This holistic approach i) manages to capture a set of under investigated aspects that are important in the study of terminology, ii) paves the way for further investigation of the cognitive aspect of terminology and iii) may provide valuable insights for the development of bespoke terminology tools that meet the interpreters' needs within the framework of patient-centred communication.

**Demi Krystallidou** holds a PhD in Translation Studies: medical interpreting (Ghent University), an MSc in Translating and Conference Interpreting (Herriot-Watt University) and an MA in German Literature (Aristotle University Thessaloniki). She is a post-doctoral researcher and interpreter trainer at the Department of Translation, Interpreting and Communication at Ghent University, Belgium. Her research interests include the interpreter's role in healthcare settings, patient-centred communication in interpreter-mediated consultations, non-verbal communication in interpreter-mediated interaction, terminology management in interpreted consultations and the training of medical interpreters.

*Publications:*

- Krystallidou, D.K. (2013). *The interpreter's role in medical consultations as perceived and as interactionally negotiated. A study of a Flemish hospital setting, using interview data and video recorded interactions. Thesis submitted in fulfilment of the requirements for the degree of Doctor in Translation Studies. Ghent University.*
  - Krystallidou, D. (2012) *On mediating agents' moves and how they might affect patient-centredness in mediated medical consultations. Linguistica Antverpiensia New Series-Themes in Translation Studies, 11, 75-93.*
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## ADJECTIVES AND SCALES: THE IMPORTANCE OF TERMINOLOGICAL FINE-TUNING IN PSYCHIATRIC REPORTS FOR OFFICIALS.

*CORNELIA WERMUTH, MARC LAMOTE, RITA TEMMERMAN & STUDENT MA TRANSLATION*

Criteria for civil or involuntary commitment are established by laws, which vary between nations. In Belgium legislation on involuntary commitment (gedwongen opname (NL)/hospitalisation sans consentement/mise sous mesure de protection (FR)) dates back to 1990. The process of involuntary commitment and the requirements are stipulated in a law. One of those requirements is the need for a detailed medical report concerning a patient by a physician or - in an emergency - by a psychiatrist. This medical report will be the sole source of information for a magistrate (juge de paix/vrederechter or procureur du roi/procureur des konings) to decide on involuntary commitment (depriving people of their freedom by solitary confinement).

The situation is always precarious and communication between medical doctors and psychiatrists, magistrates (legal specialists) and patients or their representatives requires specific linguistic and terminological skills.

A detailed medical report (omstandig medisch verslag (NL)/rapport médical circonstancié (FR)) must be written by an independent physician. It must contain a description of the patient's symptoms.

This is where the first problem arises: The law does not specify beyond 'description of health and symptoms' and there is no standardized form to be filled in.

A second problem is the communication gap between the doctor who writes the report and the magistrate who reads it and gives his verdict based on that information. The magistrate is a layperson in the medical domain. Even if there is little use of medical terms, the understanding and interpretation of the report may still differs from person to person. The first problem is a legislative and organisational problem, the second is a problems of intralingual interdomain communication. But there is also a third issue from a medical point of view brought to our attention by practitioners in the field: psychiatrists jump to a diagnosis too easily, without observing all the symptoms first. The symptoms are used to validate the diagnosis, instead of using the symptoms to come to a diagnosis.

A possible solution is the creation and use of scales to describe the patient's symptoms using adjectives and restricting technical medical terms as they are used in existing classifications (e.g. DSM-V). The adjectives chosen from the scales to identify a particular patient could be used to draw up the report. If the magistrate has a copy of the scales, he could then in his turn use them to better understand the doctor's assessment.

What scales and adjectives could actually be used is being investigated in this work in progress.

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***Dr. Maria-Cornelia Wermuth** is lecturer at the Faculty of Arts of the University of Leuven @ Antwerp and member of the MIDI research group. She lectures German grammar in the Bachelor in Applied Language Studies and specialized (medical/technical) translation in the Master in Translation. She completed a PhD in Language and Literature awarded in April 2005 at the Free University of*

*Amsterdam (Netherlands). Since 2007 she has been a committee member of NL-Term (Vereniging voor Nederlandstalige Terminologie). Her research topics are (applied) Cognitive Linguistics, Frame Semantics and Terminology.*

*Publications:*

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*Publications:*

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## LANGUAGE MEDIATION IN HEALTH CARE

SOFIE VAN DE GEUCHTE & LEONA VAN VAERENBERGH

“The discourse between client and clinician is arguably the strongest element of the working relationship through which the therapeutic healing or restorative process occurs.”  
(Leahy 2004: 71)

But what happens when client and clinician do not speak the same language?

Within the research group TrICS (Translation, Interpreting and Intercultural Studies) the research line ENEX-COM focuses on expert/non-expert communication. ENEX-COM studies (language mediated) conversations in prison, pharmacies and in a medical setting, all settings in which expert/non-expert communication is of importance (prison staff – prisoner, pharmacist – client, doctor – patient). An example of the work we have already accomplished is an automatic patient leaflet optimiser, ABOP. In this project, a software programme was developed in order to create more consistent and legible patient leaflets.

At present, we study how therapeutic relationships are constructed in language mediated conversations in psychiatry. This is a study - still in an initial phase - in which we compare three kinds of language mediation: face-to-face interpreters, remote interpreters, and a lingua franca, like English or French. We will videotape 15 consultations of each form of language mediation, transcribe and analyse them using conversation analysis. Conversation analysis is a descriptive approach that gives a detailed and thorough analysis of e.g. patterns in social interaction. We focus not only on the patient's agreement or resistance and gaze & gesture, but also on choice of words in each form of language mediation, e.g. do clinicians use the same terminology when an interpreter is involved and when they use a lingua franca? How do interpreters deal with terminology or wordings? Are words being replaced with other forms of communication? In a follow-up study, we want to expand the corpus and extract terminology and phrases.

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*Publications:*

- Van de Geuchte, Sofie & Van Vaerenbergh, Leona. (2013). *Sprach-und Kulturmittlung im Gesundheitsbereich. Die Situation in den Niederlanden und Flandern*. *trans-kom* 6(2): 420-440.
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## LA BASE DE DONNÉES TERMINOLOGIQUE BABELIRIS: UNE MODÉLISATION SOCIALE DANS LE RESPECT DES NORMES ISO

WARD VAN DE VELDE & MARC VAN CAMPENHOUDT

Notre communication abordera le troisième axe de la recherche BABELIRIS, à savoir la constitution de la base de données terminologique du même nom, commune aux pans oral et écrit du projet. Après en avoir présenté succinctement le contexte d'élaboration sur fond d'inégalité sociale, nous en exposerons les spécificités : intégration d'unités terminologiques et phraséologiques héritées de nos corpus oral et écrit, traitement de terminologies tant médicale qu'administrative, et mission sociale liée à l'orientation « patient » du projet. Nous ne reviendrons toutefois pas sur les modalités de sélection terminologique lato sensu, qui pourraient faire l'objet d'une communication à part entière.

Dans un second temps, nous décrirons les champs de fiche eu égard aux particularismes, précités, de notre base de données. Dans ce cadre, nous motiverons nos choix de catégories de données, tirées des standard ISO 12620 : 2009 et spécification ISOcat. Ce faisant, nous justifierons les raisons qui nous ont amené à ne pas utiliser certains champs de données traditionnels, utilisés dans la plupart des travaux menés par TERMISTI, et celles qui nous ont conduit à créer de nouvelles valeurs. Nous présenterons ensuite les contraintes de rattachement de ces catégories de données aux divers nœuds de notre fiche terminologique, dans le respect des normes ISO 16642 : 2003 et ISO 30042 : 2008. Enfin, après avoir spécifié le caractère obligatoire ou non de ces valeurs, nous commenterons la microstructure de notre fiche sous forme d'une DTD et d'un schéma.

De la sélection des catégories de données à la matrice de la fiche, nous illustrerons les stades de notre travail par des unités terminologiques et phraséologiques extraites de nos deux corpus.

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## WHAT IF THE DIAGNOSIS WAS TONGUE-TIED? AD HOC INTERPRETING AT THE EMERGENCY DEPARTMENT

ANTOON COX

A proliferating literature shows that language barriers are a major cause of health disparities in primary care. Communication plays an equally, if not more, important role in the Emergency Department (ED) and past research has shown that medical errors in the ED often result from poor communication. Specific conditions for communication are very different in the ED than in primary care due to time pressure, potential distraction resulting from long and tiring caregiver shifts, the sense of urgency, and lack of prior information on patients. Many studies consider language barriers as a major obstacle to proper history-taking in the ED. Furthermore, the five key components of optimal doctor-patient communication (establishing rapport with the patient, gathering and giving information, providing comfort and collaboration) usually need to be performed simultaneously in the ED, and communication is often interrupted by phone calls as the physician is treating more than one patient at the same time. In this presentation we zoom in on the specific problems arising in doctor-patient interactions in the ED. We focus in particular on the perks and problems of interventions by ad-hoc interpreters. We analyze how misunderstandings unfold and scrutinize the data for themes (e.g. What is the pain like?, Since when have you had a fever?, You have a kidney stone,...) that cause confusion.

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